

SAMPLE

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, John M. Doe, authorize Lincoln Superior Court Alcohol and Drug Program
(Name of Patient) (Name of alcohol/drug program making disclosure)

to: X disclose to, request from, or exchange with:

Jane Smith, my defense attorney, and any others present at hearings or trial on Cause No. 98D09-0309-9999
(Name of person and/or organization to which disclosure is to be made)

the following information: such parts of my records that indicate my participation in the Court Program

(Nature and amount of information to be disclosed, as specific and limited as possible)

The purpose of this disclosure is to: prove in Cause No. 98D09-0309-9999 (custody proceedings) that I am
participating in the Court Alcohol and Drug Program
(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent will terminate automatically as follows:

the conclusion of proceedings involving custody of or visitation with my children, Cause No. 98D09-0309-9999, or in
any event one year from the date this consent was signed
(Specific date, event, or condition upon which consent expires)

<u>1/1/09</u>	<u>/x/ John M. Doe</u>	<u>John M. Doe</u>
Date	Signature of Patient	Printed Name of Patient

<u> </u>	<u>N/A</u>	<u> </u>
Date	Signature of Parent, Guardian or Authorized Representative, when required	Printed Name of Parent, Guardian or Authorized Representative, when required

<u>1/1/09</u>	<u>/x/ Bob Johnson</u>	<u>Bob Johnson</u>
Date	Signature of Witness	Printed Name of Witness